

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Change of Employment - 2007

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME JONES KRISTY L.
Last First MI2. BUSINESS PHONE 225-344-50013. BUSINESS ADDRESS 700 N. 10th Street Baton Rouge, LA 70802
Street and No. City State ZipMAILING ADDRESS P.O. Box 4327 Baton Rouge, LA 70821
Street and No. City State Zip4. EMPLOYER Louisiana Municipal Association5. EMPLOYER'S ADDRESS 700 N. 10th Street Baton Rouge, LA 70802
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination (if applicable).

1. Name Louisiana Municipal AssociationAddress 700 N. 10th Street Baton Rouge, LA 70802Business or purpose Non-profit organization providing services to municipal governments☒ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

Lobbying Registration Number

FOR OFFICE USE ONLY

Postmark Date: 6/26/07Supp - L
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SUPPLEMENTAL REGISTRATION FORM



2. Name Police Jury Association of LA
Address 707 North 7th Street Baton Rouge, LA 70802
Business or purpose Association of parish governments
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☒ Terminated Representation as of June 22, 2007

3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Kristy L. Jones
Signature of Lobbyist